

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

INSTRUCTIONS FOR APPLICANTS IN MAKING FIRST APPLICATION FOR DEALERS LICENSE APPLICATION MUST BE ACCOMPANIED BY ALL OF THE FOLLOWING DOCUMENTS:

1. *THE PROPOSED DEALERSHIP NAME MUST BE APPROVED BY THIS DEPARTMENT (DEALERS' LICENSE & REGULATIONS OFFICE) PRIOR TO MAKING APPLICATION.*
2. APPLICATION, FINANCIAL STATEMENT PREPARED BY A CERTIFIED PUBLIC ACCOUNT (CPA), AND EMPLOYEE FORMS MUST BE COMPLETED IN FULL, SIGNED AND NOTARIZED AND ACCOMPANIED BY AN APPROVED LINE OF CREDIT FOR FIFTY THOUSAND DOLLARS (\$50,000) FROM A FINANCIAL INSTITUTION, IN THE DEALERHIP'S NAME.
3. \$50,000.00 SURETY BOND (FROM INSURANCE COMPANY) COMPLETED, SIGNED AND NOTARIZED.
4. EACH OWNER, PARTNER, OR CORPORATE OFFICER MUST COMPLETE ONE (1) B.C.I. AUTHORIZATION FORM (BUREAU OF CRIMINAL IDENTIFICATION) FOR OUR PROCESSING.
5. COPY OF FORMAL LEASE AGREEMENT ISSUED TO DEALERSHIP (FOR I-YEAR MINIMUM) STATING TOTAL SQUARE FEET OF BUILDING AND OUTSIDE AREA, ETC., SIGNED AND NOTARIZED, OR A COPY OF DEED (IF PROPERTY IS OWNED BY THE DEALERSHIP). (2400 SQ. FT. MINIMUM BUILDING AND 2400 SQ. FT. MINIMUM OUTSIDE)
6. COPY OF CITY/TOWN LICENSE (SECOND-HAND LICENSE) IF REQUIRED, OTHER WISE, LETTER OF ZONING APPROVAL FROM CITY/TOWN APPROVING THE SALES OF MOTOR VEHICLES AT THAT PROPOSED DEALERSHIP ADDRESS.
7. FOUR (4) PICTURES OF THE OUTSIDE OF BUILDING FROM ALL ANGLES, INCLUDING ENTIRE BUILDING AND LOT DISPLAY AREA.
8. FOR CORPORATION ONLY: COPY OF ARTICLES OF INCORPORATION: COPY OF THE MINUTES SHOWING THE ELECTION OF ALL CORPORATE OFFICERS; AND COPY OF FICTICIOUS NAME REPORT (IF OPERATING UNDER A "DBA" NAME).
9. IF A FRANCHISE DEALER, THEN YOU MUST FIRST COMPLY WITH RHODE ISLAND GENERAL LAW, 31-5.1-4.2 (HAVING THE MANUFACTURER/DISTRIBUTOR ISSUE LETTER(S) OF INTENT) IF NO PROTEST ARE RECEIVED AFTER 30-DAY PROTEST PERIOD, YOU MAY THEN FILE THIS APPLICATION. MANUFACTURER/DISTRIBUTOR MUST BE LICENSED WITH THIS OFFICE.

UPON OUR RECEIPT OF THE ABOVE, YOUR APPLICATION WILL BE INVESTIGATED AND SCHEDULED FOR A HEARING BEFORE OUR DEALERS HEARING BOARD. IF GRANTED A LICENSE, THE FOLLOWING DOCUMENT MUST BE RECEIVED IN THIS OFFICE WITHIN THIRTY (30) DAYS IN ORDER TO FINALIZE THE APPLICATION AND BE ISSUED A DEALER'S LICENSE

-
10. PICTURE OF 24 SQUARE FEET (MINIMUM SIZE) SIGN STATING EXACT DEALERSHIP NAME.
 11. \$101.50 LICENSE FEE (MONEY ORDER OR CHECK) PAYABLE TO: DEALER'S LICENSE & REGULATIONS OFFICE
 12. BUSINESS TELEPHONE NUMBER.
 13. INSURANCE FILING ON DEALER PLATE INSURANCE COVERAGE, MAILED TO FINANCIAL RESPONSIBILITY, DMV (462-5745)
 14. IF FRANCHISE DEALER, MUST SUPPLY DEALER AGREEMENT.

*AFTER REQUIREMENTS ARE COMPLETED BY INVESTIGATOR YOU MUST MAKE AN APPOINTMENT WITH THE SECRETARY AT 462-5732 TO FINALIZE.

FAX BLANK BILL OF SALE TO THIS OFFICE AT 462-5718 FOR APPROVAL
CONTACT THE DIVISION OF TAXATION AT 574-8938 FOR TAX FORMS- 1 CAPITOL HILL, PROVIDENCE, RI 02908

ADMINISTRATOR, DIVISION OF MOTOR VEHICLES

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

Official Use Only

License # _____

Date Granted: _____

Date Issued: _____

Check # _____

Reg. # _____

1. DATE: _____
2. CORPORATE NAME: _____
3. d/b/aNAME: _____
PRINCIPAL BUSINESS LOCATION: _____
BUSINESS PHONE# _____ CELL#: _____
HOME #: _____ FAX# _____
3. LOCATION OF BRANCH OFFICES (IF ANY) _____
4. TYPE OF DEALER:
NEW VEHICLES ONLY () USED VEHICLES ONLY () NEW & USED VEHICLES ()
4a. IF NEW CAR DEALER, ESTIMATE NUMBER OF DEALERS SELLING SAME MAKE OF CAR IN
YOUR CITY OR TOWN: _____
5. TYPE OF VEHICLES:
PASSENGER CARS ONLY () MOTORCYCLES () TRUCKS ONLY ()
TRACTOR-TRAILERS () TRUCKS ONLY ()
6. HOW LONG HAVE YOU BEEN ESTABLISHED AS DEALER? _____
7. IF A NEW CAR DEALER, WHAT MAKE OF
VEHICLES _____
8. HAVE YOU A DEALERS' CONTRACT OR FRANCHISE YES () NO ()
9. FRANCHISE OR CONTRACT:
NAME: ADDRESS DATE

10. FLOOR SPACE: SALES _____ SERVICE _____
YARD SPACE: SALES _____ SERVICE _____
VALUE OF SERVICE STATION EQUIPMENT: _____
11. GIVE NAMES AND ADDRESSES OF ALL OFFICERS AND MEMBERS OF FIRM:
TITLE: NAME: RESIDENCE ADDRESS:

12. NUMBER OF SALESMAN EMPLOYED: _____

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

13. NAME OF INSURANCE COMPANY: _____

14. NAME OF EMPLOYEES INSURED UNDER SAID POLICY FOR DEALER PLATES ASSIGNED TO PROPOSED DEALER:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

15. NUMBER OF PRIVATELY REGISTERED CARS, TRUCKS, FLAT BEDS, AND TOW - TRUCKS REGISTERED PERSONALLY OR TO THE BUSINESS: _____

REGISTRATION NUMBER (S) _____

16. BUSINESS REFERENCES AND TELEPHONE NUMBERS:

17. YOU MUST HAVE AN APPROVED LINE OF CREDIT FOR FIFTY THOUSAND DOLLARS (\$50,000.00) FROM A FINANCIAL INSTITUTION.

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM

(TITLE, IF ANY)

OF THE ABOVE FIRM AND THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

WRITTEN SIGNATURE OF

APPLICANT: _____

STATE OF RHODE ISLAND

COUNTY OF: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC

COMISSION EXPIRES _____

CORPORATE NAME	ADDRESS	CITY	STATE
d/b/a Name:	PRESIDENT:		
OWNER:	VICE-PRESIDENT:		
PARTNER:	SECRETARY:		
TREASURER:			

ASSETS	LIABILITIES
CURRENT ASSETS	CURRENT LIABILITIES
1. CASH ON HAND \$	21.ACCOUNTS PAYABLE \$
2 CASH IN \$	22. NOTES PAYABLE \$
NAME OF BANK	23.NO.....NEW CARS FLOOR-PLANNED \$
3. CASH IN \$	24.NO.....NEW TRKS&IMPL.FLOOR PLD \$
NAME OF BANK	25.NO.....DEMONSTRATORS FLOOR-PLD \$
RECEIVABLES	26.NO.....USED VEHICLES FLOOR-PLD \$
4.ACCOUNTS \$	27.CUSTOMER DEPOSITS ON MOTOR VEHICLES TO BE DELIVERED.
INVENTORIES(AT COST PLUS FREIGHT)	(NAMES TO BE FURNISHED UPON REQUEST)
5. NEW AND USED CARS AND TRUCKS (AT COST OR BOOK VALUE WHICHEVER IS LOWER) \$	a) CASH \$
6. PARTS AND ACCESSORIES \$	b) TRADE-IN ON OTHER MERCHANDISE \$
7.OTHER INVENTORY(DESCRIBE) \$	28.SOCIAL SECURITY AND UNEMPLOYMENT COMPENSATION \$
8. \$	29. TOTAL (LINES 21-28 INCL.) \$
9. \$	MORTGAGES PAYABLE ON:
10. \$	30. LAND AND BUILDINGS (AUTO BUSINESS) \$
PREPAID EXPENSES	31. AUTO MACHINERY, TOOLS AND EQUIPMENT \$
11. RENT AND INSURANCE \$	32. OFFICE FURNITURE AND FIXTURES \$
12. OTHER PREPAID EXPENSES \$	33. OTHER \$
FIXED ASSETS	34.JUDGEMENT OUTSTANDING \$
13. LAND AND BUILDINGS(AUTO BUSINESS) \$	RESERVES & CONTINGENT LIABILITIES
14. AUTO MACHINERY, TOOLS AND EQUIP. \$	35. LAND AND BUILDINGS (AUTO BUSINESS) \$
15. OFFICE FURNITURE AND FIXTURES \$	36 OTHER \$
OTHER ASSETS NOT LISTED ABOVE	37. \$
16. \$	38.TOTAL LIABILITIES (LINES 21-35..INC) \$
17. \$	CAPITAL
18. \$	39. STOCK OUTSTANDING \$
19. \$	40.PROPRIETOR'S INVESTMENT \$
20. TOTAL ASSETS (LINES.....INC.) \$	41. PARTNERS' INVESTMENTS \$
	42. TOTAL (LINES 39-42..INC. \$
	(SHOULD EQUAL TO TOTAL ASSETS)

STATE OF _____)SS.
COUNTY _____)

I _____, being first duly sworn on oath, depose and say that the foregoing statement submitted in behalf of
The above named applicant and the report of consumer's deposits are true to the best of my knowledge, except those matters therein stated on
information and belief, and I believe them to be true.

Subscribed and sworn to before me this
Day _____
of _____ 20__

Signature of partner, owner or active officer

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

Name: _____ Date of Birth: _____

Prior Name: _____ Social Security No.: _____

Residence Address: _____

Dealership Name: _____

Business Address: _____

Have you ever had criminal charges or civil action lodged against you in court? _____

If yes, please explain in writing: _____

DISCLAIMER

I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Rhode Island Motor Vehicle Dealers' License & Regulation Office any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and request therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, The Attorney General and employees of the Attorney General's Office in both law and equity Which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____
State of _____ this _____ day of _____, 20 _____

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this disclaimer

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

FIRST APPLICATION INVESTIGATION REPORT FORMS

FOR THE RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE

INVESTIGATOR: _____

INVESTIGATION DATE: _____ TIME: _____

FIRM NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX#: _____

OFFICER/OWNER NAMES _____ TITLE _____

HAS APPLICANT A NEW CAR FRANCHISE : _____

IF SO, WHAT MAKE: _____

BUILDING TYPE: _____ DIMENSIONS OF BUILDING: _____

ARE SIGNS DISPLAYED WITH APPLICATION NAME?: _____ SIZE: _____

LOCATIONS OF SIGNS: _____

OUTSIDE DISPLAY?: _____ SIZE: _____ IS IT PAVED?: _____

IS IT LIGHTED?: _____

IS BUILDING OWNED OR LEASED?: _____ IF LEASED, LIST THE NAME

AND ADDRESS OF LANDLORD: _____

IS A COPY OF THE LEASE OR DEED SUBMITTED?: _____

WILL APPLICANT RECONDITION CARS PRIOR TO SELLING?: _____

WILL APPLICANT INSPECT VEHICLES PRIOR TO SELLING?: _____

APPROXIMATE VALUE OF REPAIR EQUIPMENT AND TOOLS: _____

ARE EQUIPMENT AND TOOLS SUFFICIENT FOR REPAIRS?: _____

TOTAL NUMBER OF EMPLOYEES: _____ NUMBER OF MECHANICS: _____

NUMBERS OF SALESMEN INCLUDING ALL OWNERS: _____

WHAT WILL BE HOURS OF DEALERSHIP OPERATION?: _____

IS A COPY OF THE ZONING APPROVAL OR TOWN LICENSE SUBMITTED?: _____

HOW MANY VEHICLES ARE PRIVATELY REGISTERED TO OWNERS?: _____

HOW MANY CARS?: _____ HOW MANY SERVICE TRUCKS?: _____

HOW MANY PARTS TRUCKS?: _____

FROM WHOM DID YOU OBTAIN INFORMATION?: _____

POSITION OF INFORMANT IN BUSINESS: _____

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

DATE:

NAME OF DEALERSHIP: _____

ADDRESS: _____

PRINT NAME AND POSITION: _____

1. GIVE THE PRECISE AREA IN MEASUREMENTS TO BE UTILIZED FOR SALE OF VEHICLES, BUILDING AND OUTSIDE DISPLAY AREA.
2. THIS FORM AND APPLICATION MUST BE COMPLETE BEFORE IT WILL BE ACCEPTED.

BUILDING:

- A. MEASUREMENTS OF THE BUILDING TO BE USED FOR AUTO SALES ONLY
- B. MUST BE 2,400 SQ. FT. / 4,800 SG. FT. IF YOU HAVE A BODY SHOP.
- C. PLEASE SHOW GARAGE DOORS AND ENTRANCE TO THE BUILDING

OUTSIDE DISPLAY AREA:

1. MUST BE 2,400 SQ. FT. TO BE USED ONLY FOR SALE OF VEHICLES
2. PLEASE SHOW ENTRANCE AND EXITS OF DISPLAY AREA

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

EMPLOYEE LIST

Corporate Name: _____

D/b/a Name: _____

List all employees who are presently on your payroll and receive W-2 forms:

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

TOTAL NUMBER OF EMPLOYEES LISTED: _____

PLEASE SUBMIT A NEW LIST EVERY TIME THERE IS AN EMPLOYEE CHANGE.

1099 FORMS ARE NOT ACCEPTED IN THE DEALERS' LICENSE & REGULATIONS OFFICE

This form must have the companion Workers' Compensation List and stamped copies of the DWC-11 forms for employees excluding themselves from Workers' Compensation attached.

Have you or any of your employees had any criminal charges or violations of Rhode Island General Laws lodged against them in court within the last 12 months? Yes _____ No _____

If yes, please explain in detail on additional sheet.

I, the undersigned, hereby declare under the penalty of perjury, that I have examined this statement regarding the number of employees, and to the best of my knowledge this is true and correct. Rhode Island General Laws §31-11-17.

State of Rhode Island
County: _____

Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public
DLR013 – DATED 08-25-10

Commission Expires

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

WORKERS' COMPENSATION INSURANCE REQUIREMENTS

Corporate Name: _____

d/b/a Name: _____

Employees not listed on this form require a waiver from Workers' Compensation.

LIST ALL EMPLOYEES PROTECTED BY WORKERS' COMPENSATION INSURANCE COVERAGE
BOTH SOCIAL SECURITY AND DRIVERS LICENSE NUMBERS ARE REQUIRED.

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

TOTAL NUMBER OF EMPLOYEES LISTED: _____

Please notify this office of any changes to this list as they occur.

All Rhode Island employers with one or more employees are required to obtain worker compensation insurance coverage. This includes both full time and part time workers. Sole proprietors, partners, members of limited liability companies and independent contractors are not included. Most corporate officers are included when determining coverage requirements. Employees, including corporate officers, may exclude themselves from coverage by filing a DWC-11 form with the Department of Labor and Training, Division of Workers' Compensation.

Some exemptions to the insurance coverage requirement are, domestic servants, some farmers and farm laborers, some arborists and nursery personnel and certain real estate persons.

The penalty for failure to provide workers' compensation insurance is up to \$500 to \$1000 per day of non-compliance. The Director of the Department of Labor and Training may close a business for a failure to provide workers' compensation insurance. Knowing failure to provide workers' compensation insurance may result in a felony charge with imprisonment of up to two (2) years and/or a fine of \$10,000.

For further information on compliance and enforcement, please contact (401) 462-8100 and press option #8, or contact and Education Unit Representative at the same number but choose option #1.

State of Rhode Island

County: _____

Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

DLR013 – DATED 08-25-10

Commission Expires

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

DEALERS' EMPLOYEE AUTHORIZATION

Dealership Licensed Name: _____

Business Address: _____

Authorization Number: _____

The following people, including owner, partner and corporate officer, are properly authorized to pick up 20-Day Temporary Plates, Loaner Agreement Forms and other forms as allowed by the Department of Motor Vehicles for the above named dealership.

Name	Drivers' License Number
1. _____	_____
2. _____	_____
3. _____	_____

It is understood that every dealership is entitled to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You must contact the Dealers' License & Regulations office if you must make any changes to this list.

NOTE: *This is not an authorization to register vehicles in the Dealers' Room.*

Signature of Owner, Partner or Corporate Office

Print Name

State of Rhode Island
County: _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

Commission Expires

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

DATE:

PLEASE READ AND SIGN ACKNOWLEDGEMENT

I, the undersigned, acknowledged receipt of a copy of the rules and regulations regarding dealer's, manufacturers, and rental licenses, and understand said rules and regulations.

CORPORATE NAME

d/b/a NAME

PRINT NAME	SIGNATURE	TITLE	DATE
------------	-----------	-------	------

PRINT NAME	SIGNATURE	TITLE	DATE
------------	-----------	-------	------

PRINT NAME	SIGNATURE	TITLE	DATE
------------	-----------	-------	------

Administrator - DMV

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

TO: ALL DEALERS

SUBJECT: CITY/TOWN LICENSE

IF YOUR DEALERSHIP IS LOCATED IN A CITY OR TOWN THAT REQUIRES YOU TO HAVE A SECOND HAND LICENSE TO SELL USED VEHICLES, A VALID COPY OF THE LICENSE MUST ACCOMPANY THIS APPLICATION.

IF THE LICENSE EXPIRES DURING THE YEAR, AN UP-TO-DATE COPY MUST BE SENT TO THE DEALERS' LICENSE & REGULATIONS OFFICE.

CITIES THAT CURRENTLY REQUIRE LICENSE:

CENTRAL FALLS
CRANSTON
EAST PROVIDENCE
ESMOND
EXETER
FOSTER
JOHNSTON
PAWTUCKET
PROVIDENCE
WARWICK
WEST GREENWICH
WOONSOCKET

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

NOTICE:

PLEASE BE ADVISED PURSUANT TO THE RHODE ISLAND SALES AND
USE TAX LAWS TITLE 44, CHAPTER 19, ALL RECORDS, FILES AND
INFORMATION HEREIN WILL BE MADE AVAILABLE TO THE DEPARTMENT
OF ADMINISTRATION, DIVISION OF TAXATION.

ADMINISTRATION, DIVISION OF MOTOR VEHICLES

APPLICATION FOR DEALERS LICENSE

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

MINIMUM REQUIREMENTS NEEDED TO APPLY FOR A DEALERS' LICENSE

APPLICATION: EVERY DEALER MUST FILL OUT AN APPLICATION FOR A DEALER'S LICENSE ON A FORM PRESCRIBED BY THE DEALERS' LICENSE & REGULATIONS OFFICE. EVERY APPLICANT FOR A MOTOR VEHICLE DEALERS LICENSE, EXCEPT IN CASE OF RENEWAL, MUST FURNISH A PLAN OR BLUE PRINT OF THE ESTABLISHMENT OR LOCATION WHERE HE INTEND TO DO BUSINESS, TOGETHER WITH FOUR (4) PHOTOGRAPHS SHOWING FRONT VIEW, RIGHT AND LEFT SIDE VIEWS OF THE PREMISES, ALONG WITH THE APPLICATION.

REQUIREMENTS FOR DEALERS: "MUST BE PRIMARILY A DEALER IN MOTOR VEHICLES": THE BUSINESS OF DEALING IN MOTOR VEHICLES IS OF PRIME AND VITAL IMPORTANCE TO THE CAR BUYING PUBLIC. THE PURCHASER OF A MOTOR VEHICLE HAS THE RIGHT TO EXPECT THAT IT BE EQUIPPED WITH PROPER BRAKES, LIGHTS AND OTHER SAFETY APPLIANCES ARE REQUIRED BY LAW. CONSEQUENTLY THE SALE OF MOTOR VEHICLES MUST NOT BE CARRIED ON AS A SIDE LINE BY ANY OTHER TYPE OF BUSINESS.

1. ANY SCRAP / SALVAGE DEALERS MUST SET UP AN ENTIRELY SEPARATE PLACE OF BUSINESS AND COMPLY WITH THOSE MINIMUM REQUIREMENTS TO OPERATE AS A MOTOR VEHICLE DEALER.
2. ANY GASOLINE FILLING STATION WHO DESIRES TO BECOME A MOTOR DEALER MUST, IN ADITION TO MEETING ALL OTHER REQUIREMENTS, REMOVE ALL RETAIL GASOLINE PUMPS AND SIGNS.

PLACE OF BUSINESS: EVERY DEALER MUST ESTABLISH A SUITABLE PLACE IN WHICH TO CONDUCT THE BUSINESS OF DEALING IN MOTOR VEHICLES. THE BUSINESS MUST BE HOUSED IN A BUILDING, ON THE PREMISES, WHICH CONTAINS AT LEAST 2400 SQUARE FEET OF ENCLOSED AND HEATED FLOOR SPACE TO PROVIDE A SUITABLE OFFICE AND SPACE WHERE MOTOR VEHICLES MAY BE PROPERLY REPAIRED AND SERVICED. MINIMUM FLOOR SPACE IN ALL INSTANCES SHALL BE INTERPRETED AS GROUND LEVEL SPACE AND IN INSTANCE SHALL BASEMENTS OR SECOND FLOOR OR ANY UPPER OR LOWER ARE.AS BE CONSIDERED IN COMPUTING THE REQUIRED MINIMUM AMOUNT OF OFFICE, SERVICE OF SHOWROOM ENCLOSED SPACE. ANY APPLICANT REQUESTING A LICENSE TO DEAL IN MOTOR VEHICLES WHO PRESENTLY MAINTAINS OR INTENDS TO APPLY FOR A COMPETITIVE BODY SHOP LICENSE MUST PROVIDE AT LEAST 2400 SQUARE FEET OF ENCLOSED AND HEATED FLOOR SPACE IN ADDITION TO ANY OTHER LICENSE REQUIREMENTS. A MINIMUM REQUIREMENT FOR LOT DISPLAY MUST BE 2400 SQUARE FEET. THIS PLACE OF BUSINESS MUST BE USED EXCLUSIVELY BY THE DEALER FOR THE PURPOSE OF DISPLAYING, BUYING AND SELLING VEHICLES AND OTHER VEHICLE AND OTHER RELATING ITEMS.

CONTINUED- MINIMUM REQUIREMENTS

DEALERS SOLELY IN THE BUSINESS OF BUYING AND SELLING MOTOR SCOOTERS, MOTORCYCLES AND MOPEDS WILL BE LICENSED TO SELL THESE VEHICLES ONLY. THE PLACE OF BUSINESS FOR SUCH DEALERS MUST BE HOUSED IN A BUILDING THAT MEASURES AT LEAST 1200 SQUARE FEET OF ENCLOSED AND HEATED FLOOR SPACE TO PROVIDE A SUITABLE OFFICE AND SPACE WHERE CYCLES MAY BE PROPERLY REPAIRED AND SERVICED. SUCH DEALER'S LICENSE MUST BE STAMPED "FOR MOPEDS, MOTORCYCLES, OR MOTOR SCOOTERS ONLY". DEALER PLATES ISSUED TO SUCH DEALER MAY ONLY BE USED IN MOPEDS, MOTORCYCLES, OR MOTOR SCOOTERS, AND MAY NOT BE USED ON OTHER MOTOR VEHICLES.

PROOF OF OWNERSHIP OR LEASE: EVERY DEALER MUST PROVIDE AT THE TIME OF APPLICATION FOR A DEALER'S LICENSE PROOF OF OWNERSHIP OF THE PLACE OF BUSINESS OR WITH A COPY OF LEASE FOR THE PLACE OF BUSINESS THAT IS AT LEAST ONE (1) YEAR IN DURATION.

CHANGE IN LOCATION: WHEN A CHANGE IN LOCATION IS CONTEMPLATED, NOTIFICATION SHALL BE MADE TO DEALERS' LICENSE AND REGULATIONS OFFICE ON WHATEVER FORMS DEEMED NECESSARY. IF THE NEW LOCATION HAS NOT BEEN PREVIOUSLY APPROVED, THE SAME PROCEDURE SHALL BE FOLLOWED AS IF IT WERE A NEW APPLICATION.

ZONING: EVERY APPLICANT FOR A DEALER'S LICENSE WHO DESIRES TO OPERATE IN ANY CITY OR TOWN WHICH HAS A ZONING LAW OR ZONING REGULATIONS MUST SUBMIT PROOF, IN WRITING, THAT THE PROPERTY ON WHICH HE INTENDS TO CONDUCT HIS MOTOR VEHICLE DEALERSHIP IS PROPERLY ZONED FOR THE BUSINESS OF DEALING IN MOTOR VEHICLES, THIS OFFICE MUST RECEIVE A COPY OF THAT LICENSE IN LIEU OF THE ZONING APPROVAL NOTICE.

REPAIR AND SERVICE FACILITIES: EVERY DEALER MUST MAINTAIN A SERVICE AND REPAIR SHOP WITH SUFFICIENT TOOLS TO PERFORM ROUTINE REPAIRS AND MAINTENANCE OF MOTOR VEHICLES.

DISPLAY OF LICENSE: EVERY DEALER MUST CONSPICUOUSLY DISPLAY THE DEALER'S LICENSE AT THE LOCATION FOR WHICH IT WAS ISSUED.

SIGNS: EVERY DEALER MUST DISPLAY A SIGN OR WINDOW LETTERING ON THE FRONT OF THE PREMISES WHERE THE BUILDING IS LOCATED SHOWING THE ACTUAL NAME UNDER WHICH THE BUSINESS IS LICENSED. THE WORDS AND LETTERING OF THE SIGN MUST BE OF SIZE SUFFICIENTLY LARGE ENOUGH TO BE READILY DISCERNED. THE TOTAL SIZE MUST BE A MINIMUM OF 24 SQUARE FEET, OR THE MAXIMUM SIZE UNDER LOCAL ZONING ORDINANCES IF SUCH ORDINANCES RESTRICT SIGNS TO LESS THAN 24 SQUARE FEET.

BUSINESS TELEPHONES: PRIOR TO THE ISSUANCE OF A DEALER'S LICENSE, ALL APPLICANTS MUST HAVE A TELEPHONE INSTALLED AT THE LICENSED ADDRESS INCLUDING MAIN, BRANCH AND ANNEX LOCATIONS.

LOCATIONS: A SEPARATE LICENSE MUST BE OBTAINED FOR EACH ANNEX OR BRANCH LOCATION. THE DEALERS' LICENSE & REGULATIONS OFFICE MAY WAIVE CERTAIN REQUIREMENTS FOR DEALERS WHEN AN ANNEX IS WITHIN A TWO MILE RADIUS OF THE PLACE OF BUSINESS SPECIFIED ON THE DEALER'S LICENSE.

